

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013692

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 772

FILED MAR 19 1962

VS 300
Rev. 4/59

14005

24003

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94200F

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1246-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Richmond Heights

Length of stay in 1b
HRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Mary's

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Kirkwood Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 10341 Manchester
Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Lucy

E

Staed

4. DATE OF DEATH

Month

Day

Year

Mar 4 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married

Widowed ☐

8. DATE OF BIRTH

Dec. 11 1875

9. AGE (last birthday)

86

10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sales lady

10b. KIND OF BUSINESS OR INDUSTRY

Ramous Barr Dept Store Monmouth Ill

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Thomas Staed

13b. MOTHER'S MAIDEN NAME

Lucy Hyland

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Agnes Riley Sullivan 7 No. 7th St.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac failure

INTERVAL BETWEEN ONSET AND DEATH

24 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Intermittent Heart Disease with Atrial Fibrillation

2-3 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I.

fractured R. hip

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fall in Nursing Home

2/21/62

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Nursing Home

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/21/62 to 3/4/62 and last saw her alive on 3/4/62

Death occurred at 2:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert E. Funsch M.D.

22b. ADDRESS

508 N. Grand (3)

22c. DATE SIGNED

3/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Mar 7 62

23c. NAME OF CEMETERY OR CREMATORY

Calvary

23d. LOCATION (City, town, or county)

St. Louis Mo.

24. FUNERAL DIRECTOR

ADDRESS

E.J. Schnur 3125 Lafayette

25. DATE RECD. BY LOCAL REG.

3-5-62

26. REGISTRAR'S SIGNATURE

John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. R. E. FURSCH
508 N. GRAND
UNIT 5 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jon B. Vollmer
Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.